

Centers for Disease Control and Prevention (CDC)

Continuing Medical Education (CME)

Conflict of Interest Disclosure Form

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TITLE OF CME ACTIVITY: _____

DATE: _____

PRESENTER/FACULTY NAME: _____

TITLE OF PRESENTATION: _____

PLEASE COMPLETE BOTH SECTIONS I. AND II.

- I. a. Will your presentation include discussion of any commercial products or services?

Yes ____ No ____ (If No, skip to question II.)

- b. If Yes, do you have a significant financial interest or other relationship with the manufacturer(s) of any of the products or provider(s) of any of the services you intend to discuss?

Yes ____ No ____

If Yes, please list the manufacturer(s) or provider(s) and describe the nature of the relationship(s).

- II. This activity is supported by a grant from [commercial supporter(s)]. Do you have a significant relationship(s) with the commercial supporter(s) of this activity?

Yes ____ No ____

If Yes, please list the relevant commercial supporter(s) and describe the nature of the relationship(s).

Signature

Date

Approved by ACCME 7/8/94